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FOR ACTION

RECOMMENDATION FOR A SHORT-DURATION COUNTRY PROGRAMME**

Iraq

SUMMARY

The present document contains a recommendation for funding from general resources and supplementary funds for the country programme of Iraq with a duration of two years to support activities that will lead to the preparation of a full-length country programme. The Executive Director recommends that the Executive Board approve the amount $2,000,000 from general resources, subject to the availability of funds, and $10,000,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the period 1997 to 1998.

* E/ICEF/1996/18.

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 1995. They will be contained in the "Summary of 1996 recommendations for general resources and supplementary funding programmes" (E/ICEF/1996/P/L.43/Add.2).

BASIC DATA
(1994 unless otherwise stated)

Child population (millions, 0-15 years)	9.2
U5MR (per 1,000 live births)	71
IMR (per 1,000 live births)	57
Underweight (% moderate and severe) (1991)	12
Maternal mortality rate (per 100,000 live births) (1990)	310
Literacy (% male/female) (1995)	71/45
Primary school enrolment (% net male/female) (1992)	83/74
Primary school children reaching grade 5 (%) (1988)	72
Access to safe water (%) (1995)	78
Access to health services (%) (1986)	93
GNP per capita	a/
One-year-old fully immunized against:	
tuberculosis:	100 per cent
diphtheria/pertussis/tetanus:	87 per cent
measles:	88 per cent
poliomyelitis:	88 per cent
Pregnant women immunized against:	
tetanus:	.. per cent

a/ Estimated to be lower-middle-income ($726-$2,895)

THE SITUATION OF CHILDREN AND WOMEN

1. Iraq's recent past has been dominated by war with the Islamic Republic of Iran in the 1980s and the Gulf War in 1991, followed by two months of civil unrest from north to south. The economy collapsed; oil revenues fell $14.6 billion in 1989 to $472 million in 1993; and domestic industrial and agricultural production has slumped, mainly for want of spare parts, equipment and raw materials. Iraq can no longer afford to import over two thirds of its food. Most of the population live in poverty and face economic hardship, high inflation and unemployment.

2. The resources allocated by the Government to social services have been sharply reduced. The annual health budget was cut from $450 million before 1991 to $22 million in 1995, diminishing quality health care for all, mainly preventive and primary care services. As with food, imports of medical supplies have been reduced to one tenth of the 1989 level. Acute respiratory infections (ARI), dehydration due to diarrhoeal diseases, malnutrition and typhoid remain the largest killers of children. Severe malnutrition, including both marasmus and kwashiorkor, are on the increase. Iron and vitamin A deficiencies have surfaced as public health concerns.

3. The maternal mortality rate increased from 120 per 100,000 live births in 1992 to 310 in 1994. Anaemia, puerperal fever, sepsis, the high fertility rate (above 7 per woman) and poor nutrition are some underlying causes of maternal

mortality. Poverty and conflict have increased the workload of Iraqi women who, in growing numbers, are supplementing their families incomes and heading their households.

4. The shortage of food at affordable prices has put many children and women at risk. However, the public rationing system in central and southern Iraq and the food aid provided by the World Food Programme (WFP) and other relief organizations, particularly in northern Iraq, have reduced the impact of food deprivation. None the less, food rations can meet only one half of people's daily caloric needs.

5. Since 1990, the annual budget of the water and sanitation sector has diminished from $100 million to $8.5 million, making it difficult to repair and maintain the high technology water supply system. By 1995, access to potable water in urban areas had decreased from 95 per cent in 1990 to 77 per cent, and in rural areas from 75 per cent to 44 per cent. While some water treatment plants have been repaired, the shortage of spare parts remains a persistent problem. None of Baghdad's 10 sewage treatment plants, which serve the city's 3.8 million inhabitants, are operational.

6. The policy of compulsory primary education has become difficult to implement because of a lack of resources. During 1992-1994, the net enrolment ratio dropped from 80 to 64 per cent for boys and from 74 to 54 per cent for girls. The completion rate for grade 5 is now 66 per cent, as compared with 72 per cent in 1994. Major causes of children dropping out of school include poverty and parental decisions that children should earn rather than learn. Other factors include deterioration in the quality of education because of low-quality school facilities, a critical shortage of learning materials and the exodus of teachers leaving for better prospects. Such alternative approaches as multigrade systems, audio-visual media and school-community schemes have not yet been attempted.

7. In the three northern governorates of Suleimaniya, Erbil and Dohuk, most of the population face economic hardship. With diminished revenues in the north and still a large civil service, salaries have often gone unpaid for several months. The number of street children is on the rise, and many other children are out of school. New and innovative methods of education have to be developed.

8. On the positive side, Iraq ratified the Convention on Rights of the Child in 1994 and the national programme of action (NPA) was approved in August 1995. The Convention on the Elimination of All Forms of Discrimination Against Women was ratified in 1996. The cease-fire in the north has held so far in 1996. The Government of Iraq and the United Nations signed a Memorandum of Understanding for the implementation of Security Council resolution 986 (1996), which allows limited oil sales of up to $2 billion to purchase essential food and medicines for six months.

PROGRAMME COOPERATION, 1995-1996

9. UNICEF cooperation during 1995-1996 continued to help rehabilitate social services and accelerate achievement of the mid-decade goals. This was facilitated by synchronization of the regular country programme with UNICEF emergency interventions under the inter-agency humanitarian programme. Technical support and management of both sets of interventions were integrated to improve cost-effectiveness.

10. In health, significant progress has been made towards the mid-decade goals. Immunization coverage was maintained at 87 per cent for all antigens. In the north, the coverage for three doses of combined diphtheria/pertussis/tetanus vaccine and of oral polio vaccine stands at 74 and 92 per cent, respectively. About 70 per cent of pregnant women are immunized with two doses of tetanus toxoid. The number of cases of polio dropped from 186 in 1991 to 32 in 1995, of measles from 20,160 to 7,134 and of neonatal tetanus from 936 to 64. National immunization campaigns ensured the high vaccination coverage, but such campaigns, however, are costly and not affordable in the long term. Therefore, the programme will be reoriented to focus on strengthening of the primary health care (PHC) system and the integration of immunization activities as part of the routine of each health outlet. UNICEF provided vaccines and syringes, cold-chain equipment and essential drugs; supported national immunization days and health education campaigns; and promoted community participation, national capacity-building and improvement of the health information system.

11. More than 4,000 traditional birth attendants (TBAs) were trained in safe delivery practices and will cover more than 60 per cent of mothers who deliver at home (90 per cent in the north). Through the promotion of oral rehydration therapy (ORT), the provision of oral rehydration salts and the establishment of 900 ORT corners and 18 demonstration centres, the target of 80 per cent ORT use was achieved. However, increased advocacy efforts are needed to promote the use of ORT in the private sector, which still relies heavily on anti-diarrhoeal drugs. Little progress has been made towards the control of ARI due to the general shortage of antibiotics.

12. In nutrition, UNICEF provided life-saving therapeutic diets for severely malnourished children through nutrition rehabilitation centres. WFP provided food rations to in-patients and families of children after their discharge from hospitals to sustain their nutritional improvement. The World Health Organization (WHO) focused on capacity-building of PHC workers in nutrition rehabilitation. Some 23 hospitals have been certified under the Baby-Friendly Hospital Initiative (BFHI). As part of the immunization programme, 90 per cent of children under two years of age received vitamin A supplements. UNICEF also supported the iodization of locally produced edible salt. A national conference on nutrition sponsored by UNICEF developed an approach for better child-care practices, nutrition education and early identification by parents of moderate and severe malnutrition.

13. In water and sanitation, UNICEF continued to provide spare parts, equipment and water purification materials to most of the 230 water treatment plants, thus rebuilding some management capacity of the national water authority. A computerized database was developed jointly with CARE Australia to monitor the condition of these plants, the utilization of assistance and the needed requirements to maintain them in working order. Under an agreement signed with Oxford Famine Relief Campaign (OXFAM), water and sanitation facilities were rehabilitated in 1,110 schools in the south. In the north, UNICEF provided spare parts and equipment, including hand-pumps, for 545 of 780 water systems, benefiting about 2.5 million people.

14. UNICEF assisted in developing an education management information system to help the Ministry of Education with its planning. Non-formal education courses were supported for 6,600 female drop-outs. In the north, UNICEF provided didactic materials to primary schools which helped to raise enrolment from 154,500 children in 1991 to 565,000 in 1995. Training for primary school teachers enabled them to identify traumatized children and raise awareness on this problem. The Yafieen (youngsters) schooling system, vocational training

and food supplements were provided to attract street children and child labourers. A Chra, or literacy programme, for 2,650 girls and young women was also assisted. A special programme for land-mine awareness was launched in the north.

Lessons learned

15. Insufficient and unreliable data make it difficult to assess achievements jointly with national institutions, non-governmental organizations (NGOs) and United Nations agencies and to improve programme planning and management. The implementation of multiple indicator cluster surveys (MICS) was successful and represents a strategic solution.

16. Where there was community participation, substantial improvement in coverage occurred, e.g. in the areas of immunuzation, vitamin A provision and ORT. However, support structures for the community have to be strengthened with the help of credible, locally-based mediators and not through the usual top-down approach.

17. The preparation of annual joint United Nations humanitarian appeals and frequent inter-agency consultations have served as a catalyst for developing complementary use of resources by United Nations agencies and implementing practical interventions. These modalities need to be expanded to help prepare a country strategy note and synchronize the programme cycles of United Nations agencies.

18. Television can be used effectively, as with immunization and health education campaigns, to reach almost every household. Partnerships with NGOs (both national and international) are especially vital to reach the most needy. Training of local NGOs should be part of the cooperation agreements with international NGOs, as this would help to develop local capacities and improve programme sustainability.

United Nations inter-agency humanitarian programme

19. In the aftermath of the Gulf War, UNICEF reprogrammed general resources to respond to Iraq's needs and complement the inter-agency appeals launched by the United Nations Department of Humanitarian Affairs since April 1991. Because of the uncertainties and major challenges facing the country at that time, UNICEF embarked on short-term programmes, the latest being for 1995-1996. Since 1993, the country programmes funded by general resources have focused on rehabilitating social services, with a special emphasis on reducing infant and under-five mortality. Other United Nations agencies also reprogrammed their resources and NGOs also worked to meet emergency needs.

20. UNICEF expended about $165 million from 1991 to mid-1996 on emergency and rehabilitation activities that included the provision of immunization supplies, essential drugs, vitamins and food supplements, water and sanitation equipment and school supplies. In the three northern governorates of Suleimaniya, Erbil and Dohuk, UNICEF has been the lead agency since 1992, coordinating United Nations humanitarian programme activities, as well as those of more than 60 international NGOs. In the northern governorates, UNICEF support is channelled through local authorities. UNICEF also sponsored missions to assess the impact of the Gulf War and provided information for short- and medium-term planning, facilitating the preparation of joint appeals and the delineation of responsibilities among agencies.

RECOMMENDED PROGRAMME COOPERATION, 1997-1998

Estimated annual expenditure

(In thousands of United States dollars)

	1997	1998	Total
General resources			
Health	230	230	460
Water and sanitation	65	65	130
Nutrition	90	90	180
Early childhood development, including CEDC	45	65	110
Education	100	100	200
Advocacy and communication	120	100	220
Planning and social statistics	100	100	200
Programme support	250	250	500
Subtotal	1 000	1 000	2 000
Supplementary funds			
Health	1 500	1 500	3 000
Water and sanitation	1 000	750	1 750
Nutrition	1 000	1 000	2 000
Early childhood development, including CEDC	500	500	1 000
Education	600	850	1 450
Advocacy and communication	400	400	800
Subtotal	5 000	5 000	10 000
Total	6 000	6 000	12 000

21. The preparation of the new country programme started with formulation of a position paper in July 1995, which outlined major areas of action and was used in a planning exercise with national ministries which finalized directions for the new country programme in January 1996. The Convention on Rights of the Child and the Convention on the Elimination of All Forms of Discrimination Against Women provide the guiding principles for the programme.

22. The goals and objectives of the NPA are the reference points for UNICEF cooperation and include a reduction by 35 per cent of infant, child and maternal mortality from 1992 levels; a reduction of 95 per cent of moderate and severe malnutrition from 1990 levels; universal access to basic education with gender equity in enrolment; and universal access to safe drinking water and sanitary means of excreta disposal. There are also provisions for social care and a proper environment for children.

Programme objectives and strategies

23. The proposed programme of cooperation will continue to rehabilitate social services, in tandem with the humanitarian interventions, and will go through a transition phase from rehabilitation towards development. The programme will

contribute to the achievement and sustainability of the NPA goals through (a) increasing access and coverage to key services in health, nutrition, water and sanitation, education and services for children in especially difficult circumstances, mainly in rural, peri-urban and remote areas, with a focus on the north and the south; (b) promoting community participation; (c) increased advocacy and social mobilization with the Government, decision makers, parliamentarians, religious leaders, professionals and the media; (d) strengthening the management and supervision of service delivery at the subnational level through building the capacity of government staff and personnel from local NGOs in planning, coordinating, implementing and monitoring services; (e) improving information systems, with the disaggregation of data, to plan measurable, attainable targets for programmes which will serve as indicators to monitor implementation of child rights and progress towards achievement of NPA goals; and (f) preparing partners for opportunities arising from Security Council resolution 986 to facilitate recovery of the social sector.

Health

24. The programme will contribute to the NPA goal of reducing infant, child and maternal morbidity and mortality. Its objectives are to: (a) increase immunization coverage of infants for all antigens to 90 per cent and tetanus toxoid coverage of women of child-bearing age to 75 per cent by 1998 and sustain these levels; (b) improve case management for diarrhoea and ARI; and (c) provide 80 per cent coverage of high-risk pregnancies with prenatal, natal and post-natal care. A capacity development strategy, implemented in collaboration with WHO, will support the rehabilitation and strengthening of the PHC system, including the development of referral services. Training programmes in preventive health and safe motherhood will cover TBAs and community health workers. Support will be provided to develop training manuals on ARI and diarrhoea case management. Vaccines, syringes and cold-chain equipment will be provided to strengthen immunization services. Supplies and equipment will be provided to upgrade the diarrhoea treatment centres and ORT corners. Social mobilization and communication activities will help communities and families master preventive health practices related to immunization, diarrhoea and ARI case management, infant and child feeding, and proper sanitation. Partnerships with local NGOs will help to expand the delivery of preventive services. UNICEF and WHO will support improvement of the health management information system, especially the surveillance of preventable diseases. National capacities for undertaking MICS and nutrition and health surveys will be strengthened. Supplementary funds will be used to equip additional PHC and maternal and child health (MCH) services with vaccines, cold-chain equipment, essential drugs and food supplements, especially at the subnational level, and for staff training, social mobilization and monitoring and evaluation activities.

Water and sanitation

25. The programme will contribute to the NPA goal of improving access to safe drinking water and proper sanitation. The specific objective is to furnish families with basic knowledge of personal hygiene and environmental sanitation. In collaboration with the United Nations Development Programme (UNDP), UNICEF will support the repair and maintenance of water supply system and sewage disposal facilities through the provision of technical assistance, spare parts, equipment and water purification materials. The use of low-cost technology, particularly in the north, will be promoted, as will hygiene education, community involvement and the strengthening of monitoring systems. With WHO support, a package of health education material will be developed for school teachers, health workers and families, together with demonstration activities in

selected schools. Supplementary funds will be used for strengthening national capacity-building in planning and programme management, the development of health education packages and supplies and equipment.

Nutrition

26. The programme will focus on the reduction of protein-energy malnutrition and the prevention of micronutrient deficiencies. UNICEF will coordinate with the Ministry of Health, ministries responsible for food distribution, the national nutrition centre for research, NGOs and food aid agencies. UNICEF will support cluster surveys to identify high-risk areas and vulnerable groups for short-term rehabilitative action (food entitlement, food hygiene and other caring practices), and for longer-term, community-based child nutrition care. Growth monitoring of all children under five years of age will improve the surveillance and prevention of malnutrition. Preventive activities will also include the promotion of breast-feeding, training of health staff and expansion of BFHI to all maternal and child hospitals. Health staff in MCH centres will be trained in nutrition education. Another objective is to reduce anaemia and vitamin A deficiencies to 25 per cent among nursing mothers and pregnant women and children. Vitamin A supplements will be provided to children and pregnant women and iron supplements to pregnant and nursing mothers. UNICEF will support the iodization of locally produced salt by providing potassium, iodate and salt testing kits to 12 salt factories in the country, including three in the north. A mass media campaign will promote public awareness of the use of iodized edible salt. Facts for Life will be widely disseminated as part of nutrition education for pregnant and lactating mothers. Supplementary funds will be utilized to expand and support child growth monitoring and for the promotion of staff training, nutrition rehabilitation and the provision of food supplements.

Early childhood development, including children in especially difficult circumstances

27. UNICEF will assist in reorienting policy and programmes from the conventional day-care centres towards community-based early child care and development. A priority target group will be children affected by war and conflict. A second concern is the prevention of child labour and street children. As a first step, UNICEF will support a fuller assessment of these problems and options for strategies and programmes. It is anticipated that the role of NGOs will be important in the implementation of activities. Supplementary funds will support studies and research and social mobilization in promotion of community-based, early childhood development activities.

Education

28. UNICEF will assist in increasing the completion rate of girls in primary school in collaboration with UNDP and the United Nations Educational, Scientific and Cultural Organization (UNESCO). In addition, there will be non-formal education services for out-of-school girls aged 10 to 14 years, with the option of their returning to the formal stream. The quality of primary education will be improved through the training of 200 trainers and 1,500 teachers, especially women, and the provision of basic school supplies for 10 per cent of primary schools in selected governorates. School health, hygiene education and environmental sanitation activities will be supported. The education management information system will be strengthened to support policy development, planning and curriculum reform. Supplementary funds will be used to support primary school teacher training, the development of manuals for non-formal education and the provision of basic school supplies.

Advocacy and communication

29. Advocacy will include promoting an understanding of the implications of children's and women's rights as the ethical framework and mobilizing groups for achievement of the NPA goals. Technical support will be provided to the National Commission for Childhood Welfare and the National Assembly's Committee for Children. In each programme, a variety of educational and communication media will be used for social mobilization. A key concern will be to improve two-way communication between service providers and families through dialogues on rights and needs as a means of developing a self-sustaining communication process. UNICEF will support the participation of NGOs, coordination of the public and private sectors, and orientation of media personnel on child rights and the NPA goals. Supplementary funds will facilitate integration and coordination in service delivery and the development of communication materials.

Planning and social statistics

30. A primary activity will be to strengthen the information base and monitoring system for child-related social indicators and to incorporate them into a United Nations data bank which will serve all national and subnational agencies. UNICEF will provide technical and material support to the Mother and Child Unit of the Central Statistical Organization, the main task of which is the development of indicators to monitor the situation of women and children. The decentralized monitoring system already in place at the governorate level will be strengthened. MICS will use data disaggregated by age, gender and location and serve a useful programme evaluation tool. Annual project plans of action with service coverage and output objectives will facilitate monitoring of programme implementation. Progress towards achieving objectives will be monitored through routine reporting, sentinel surveillance and rapid assessments and studies.

Collaboration with other agencies

31. UNICEF will sustain its close coordination with other United Nations agencies. Cooperation with UNDP, WFP, WHO, UNESCO, the Food and Agriculture Organization of the United Nations and the Office of the United Nations High Commissioner for Refugees will continue to have positive effects on programme implementation. Partnerships with international NGOs, such as CARE International Australia, OXFAM, the Italian NGO AVSI and other NGOs will be sustained. UNICEF will also maintain close ties with national NGOs.

Programme management

32. The UNICEF office in Baghdad will collaborate with the Ministries of Health, Education, Social Affairs and Information and the National Water Authority to implement the sectoral programmes of cooperation. In the north, with support from the country office, the three sub-offices at Erbil, Suleimaniya and Dohok will manage the programme in collaboration with local authorities. UNICEF, as the lead agency, will continue coordinating United Nations humanitarian operations in the north.

TABLE

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : IRAQ
PROGRAMME : 1997-1998

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET (In thousands of US dollars)				POSTS a/										STAFF COSTS b/ (In thousands of US dollars)		
	GR	FSP	NSP	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
HEALTH	460			460	0	0	0	0	0	0	0	0	1	1	0.0	54.3	54.3
EARLY CHILDHOOD DEV/ INCL. CEDC	110			110	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
PLANNING AND SOCIAL STATISTICS	200			200	0	0	0	0	0	0	0	1	0	1	0.0	120.0	120.0
WATER AND SANITATION	130			130	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
NUTRITION	180			180	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
EDUCATION	200			200	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
ADVOCACY AND COMMUNICATION	220			220	0	0	0	0	0	0	0	0	1	1	0.0	75.2	75.2
PROGRAMME SUPPORT	500			500	0	0	0	1	0	0	1	1	1	3	334.2	134.9	469.1
TOTAL GR	2,000			2,000	0	0	0	1	0	0	1	2	3	6	334.2	384.4	718.6
SUPPLEMENTARY FUNDING :																	
HEALTH		0	3,000	3,000	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
EARLY CHILDHOOD DEV/ INCL. CEDC		0	1,000	1,000	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
PLANNING AND SOCIAL STATISTICS		0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
WATER AND SANITATION		0	1,750	1,750	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
NUTRITION		0	2,000	2,000	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
EDUCATION		0	1,450	1,450	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
ADVOCACY AND COMMUNICATION		0	800	800	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
PROGRAMME SUPPORT		0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
TOTAL SF		0	10,000	10,000	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
TOTAL GR & SF	2,000	0	10,000	12,000	0	0	0	1	0	0	1	2	3	6	334.2	384.4	718.6
ADM. & PROGRAMME SUPPORT BUDGET	Operating costs 1,036.4																
	Staffing				0	0	1	0	1	0	2	1	6	9	667.9	929.6	1,597.5
GRAND TOTAL (GR+SP+ADM)					0	0	1	1	1	0	3	3	9	15	1,002.1	1,314.0	2,316.1
Number of posts and staff costs:																	
Current programme cycle											7	1	16	26c/			
At the end of proposed programme cycle (indicative only)											3	3	9	15	1,002.1	1,314.0	2,316.1

GR = general resources.
SF = supplementary funding.
FSP = funded supplementary funding.
NSP = new supplementary funding.
IP = international Professional.
NP = national Professional.
GS = General Service.
ADM = administrative.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Exclude temporary assistance and overtime; include costs of United Nations volunteers.
c/ Includes posts funded by emergency appeals.